



**Immediately notify
DOH Communicable
Disease Epidemiology
Phone: 877-539-5344**

Hemolytic Uremic Syndrome (HUS)

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know
Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____ Birth date ____/____/____ Age _____
Address _____ ☐ Homeless
City/State/Zip _____ Gender ☐ F ☐ M ☐ Other ☐ Unk
Phone(s)/Email _____ Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____ Race (check all that apply)
Phone: _____ ☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other
Occupation/grade _____
Employer/worksite _____ School/child care name _____

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: ____
☐ ☐ ☐ ☐ Bloody diarrhea
☐ ☐ ☐ ☐ Abdominal cramps or pain
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ Fever Highest measured temp (°F): ____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____
Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

Predisposing Conditions

Y N DK NA

- ☐ ☐ ☐ ☐ **Onset within 3 weeks of diarrheal episode**
☐ ☐ ☐ ☐ Antibiotic given for this diarrheal illness
☐ ☐ ☐ ☐ Antacid use regularly
☐ ☐ ☐ ☐ Underlying illness, specify: _____

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ **Kidney (renal) abnormality or failure**
☐ ☐ ☐ ☐ **Thrombotic thrombocytopenic purpura (TTP)**
☐ ☐ ☐ ☐ Hemolytic uremic syndrome (HUS)
☐ ☐ ☐ ☐ Delirium or disorientation

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Shiga toxin positive
☐ ☐ ☐ ☐ **Elevated creatinine level**
☐ ☐ ☐ ☐ **Proteinuria**
☐ ☐ ☐ ☐ **Acute anemia with microangiopathic changes**
☐ ☐ ☐ ☐ **Anemia (Hb<11, Hct<33)**
☐ ☐ ☐ ☐ **Coagulopathy (platelets < 100,000)**
☐ ☐ ☐ ☐ **Hematuria**

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset of diarrhea:

Exposure period

-8 -1

o
n
s
e
t

Contagious period

1 week to 3 weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Congregate living Type: _____
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Beef
Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Ground beef
Rare, undercooked, or raw: ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Handled raw meat
- ☐ ☐ ☐ ☐ Venison or other wild game meat
- ☐ ☐ ☐ ☐ Other meat products: _____
- ☐ ☐ ☐ ☐ Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- ☐ ☐ ☐ ☐ Raw fruits or vegetables
- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)
- ☐ ☐ ☐ ☐ Fresh herbs Type: _____

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact work at or attend child care or preschool
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until diarrhea ceases
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____